

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFSCME for Michigan</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1625 L Street, NW			Amount 152.55	
City Washington	State DC	Zip Code 20036	Transaction ID : D542164	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		15210.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFSCME for Michigan</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1625 L Street, NW			Amount 164.62	
City Washington	State DC	Zip Code 20036	Transaction ID : D542165	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		25460.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	317.17
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>			Date of Public Distribution/Dissemination	
Mailing Address <b>1775 K Street, NW</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Washington	State DC	Zip Code 20006-1598	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">89.60</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : D542171</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">42693.11</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>			Date of Public Distribution/Dissemination	
Mailing Address <b>1775 K Street, NW</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Washington	State DC	Zip Code 20006-1598	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">89.60</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	<b>Transaction ID : D542172</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">42693.11</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">179.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*
*[Electronically Filed]*

Date

09

29

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address <b>1775 K Street, NW</b>		Amount <table border="1" style="display:inline-table; width:100%">27.24</table>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D542176</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <table border="1" style="display:inline-table; width:50px">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">15210.36</table>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address <b>1775 K Street, NW</b>		Amount <table border="1" style="display:inline-table; width:100%">27.24</table>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006-1598</b>	Transaction ID : <b>D542177</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <table border="1" style="display:inline-table; width:50px">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">27</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">25460.75</table>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%">54.48</table>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:100%"> </table>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

 / 
 



 / 
 





Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 4 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFT Solidarity 527</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Mailing Address 555 New Jersey Ave. N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.55</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D542186</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate Gary Peters		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>AFT Solidarity 527</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Mailing Address 555 New Jersey Ave. N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.55</div>		
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D542188</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Name of Federal Candidate TERRI LYNN LAND		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">41.10</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>7.61</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D542202</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>17.01</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D542208</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15210.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>24.62</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>17.01</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D542209</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>Gary Peters</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>25460.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>19.10</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D542211</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>36.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>815 - 16th Street, NW</b>		Amount <b>7.61</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20006</b>	Transaction ID : <b>D542212</b>
Purpose of Expenditure <b>Walk Packets</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>296.52</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D542234</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>304.13</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 8 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>27</div> <div>2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.02</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D542235</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>27</div> <div>2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Name of Federal Candidate CORY GARDNER	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">17246.20</div>			

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>27</div> <div>2014</div> </div>	
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">65.40</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D542236</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>27</div> <div>2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	Name of Federal Candidate ALISON LUNDERGAN GRIMES	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">42693.11</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">66.42</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

09

29

2014

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>94.79</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D542237</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Voices of the American Federation of Government Employees</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>80 F Street, NW</b>		Amount <b>65.40</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Transaction ID : <b>D542238</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>160.19</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>343.03</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D542256</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>109.69</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D542261</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>452.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 11 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>			Date of Public Distribution/Dissemination	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Pittsburgh	State PA	Zip Code 15222	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">384.40</div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div>	<b>Transaction ID : D542262</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate MITCH MCCONNELL			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">42693.11</div>				

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>			Date of Public Distribution/Dissemination	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
City Pittsburgh	State PA	Zip Code 15222	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">347.94</div>	
Purpose of Expenditure Inkind Staff Travel		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div>	<b>Transaction ID : D542263</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate MITCH MCCONNELL			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">42693.11</div>				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">732.34</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

09

29

2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>384.40</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D542268</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>Political Action Fund Voluntary Ac</b> <b>5 Gateway Center</b>		Amount <b>32.67</b>	
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15222</b>	Transaction ID : <b>D542271</b>
Purpose of Expenditure <b>Inkind Staff Travel</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>TERRI LYNN LAND</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>15210.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>417.07</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 13 OF 15  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>United Steelworkers of America Political Action Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">193.37</div>	
City Pittsburgh	State PA	Zip Code 15222	<b>Transaction ID : D542274</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>	
Purpose of Expenditure Inkind Staff Travel		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

25460.75

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>	
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.47</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : D542286</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>	
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

42693.11

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">595.84</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 29 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 15  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>705.27</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D542292</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <b>402.47</b>	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>D542293</b>
Purpose of Expenditure InKind Staff	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MITCH MCCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought <b>42693.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1107.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	15	OF	15
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Colorado AFL-CIO L2K</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 27 / 2014</b>	
Mailing Address <b>140 Sheridan Blvd</b>		Amount <b>399.60</b>	
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80226</b>	Transaction ID : <b>D542296</b>
Purpose of Expenditure <b>InKind Staff</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 27 / 2014</b>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>17246.20</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>399.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>4888.73</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 29 / 2014**

Signature